

**UNITED STATES DISTRICT COURT**  
for the  
**DISTRICT OF MASSACHUSETTS**

**PAUL JONES**

*Plaintiff*

v.

Civil Action No.:  
**1:14-CV-10218-GAO**

**EXPERIAN INFORMATION SOLUTIONS, INC., ET**

**AL.**

*Defendant*

**SUMMONS IN A CIVIL ACTION**

To: *(Defendant's name and address)*

Pollack & Rosen c/o Mark Pollack  
806 Douglas Rd. Suite 200  
Coral Gables, FL 33134

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiffs attorney, whose name and address are:

Paul Jones  
572 Park St.  
Stoughton, MA 02072

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

**ROBERT M. FARRELL**

*CLERK OF COURT*

/s/ — Jennifer LaFlamme

*Signature of Clerk or Deputy Clerk*



ISSUED ON 2014-01-29 09:51:56.0, Acting Clerk USDC

RECEIVED  
JAN 29 2014

Civil Action No.: 1:14-CV-10218-GAO

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (name of individual and title, if any) Pollack & Rosen c/o Mark Pollack  
was received by me on (date) 4-24-14.

☐ I personally served the summons on the individual at (place) \_\_\_\_\_  
\_\_\_\_\_ on (date) \_\_\_\_\_; or

☐ I left the summons at the individuals residence or usual place of abode with (name) \_\_\_\_\_  
\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on (date) \_\_\_\_\_, and mailed a copy to the individuals last known address; or

☐ I served the summons on (name of individual) \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of (name of organization) \_\_\_\_\_  
\_\_\_\_\_ on (date) \_\_\_\_\_; or

☐ I returned the summons unexecuted because \_\_\_\_\_; or

☒ Other (specify): Sent certified mail, usps return green receipt  
(see attached summons and complaint) and <sup>was</sup> recieved on  
April 21, 2014.  
My fees are \$ 8.00 for travel and \$ 10.00 for services, for a total of \$ 18.00.

I declare under penalty of perjury that this information is true.

4-25-2014  
Date

Alexis Karle  
Server's Signature  
Alexis Karle  
Printed name and title

79 Thompson St. Springfield, MA 01109  
Server's Address

Additional information regarding attempted service, etc:

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

**1. Article Addressed to:**

Pollack + Rosen  
c/o Mark Pollack  
806 Douglas Rd. Suite 200 ~~3rd Floor~~  
Coral Gables, FL 33134 ~~5. Tower~~

**2. Article Number**

(Transfer from service label)

7011 0110 0001 3637 5301

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**
**A. Signature**

X *Paul P*

- ☐ Agent  
☐ Addressee

**B. Received by (Printed Name)**

*Mon Mariner*

**C. Date of Delivery**

*09/21/14*

**D. Is delivery address different from item 1?**

If YES, enter delivery address below: ☐ Yes ☒ No

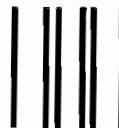
**3. Service Type**

- ☐ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

**4. Restricted Delivery? (Extra Fee)**

☐ Yes

UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box•

Alexis Karle  
79 Thompson St.  
Springfield, MA 01109

